UNITED STATES DISTRICT COURT

for the

Western District of Wisconsin

Cynthia Larson, on Behalf of Herself and A Similarly Situated	All Others				
Plaintiff)				
V.	Civil Action No. 14-cv-215				
Wisconsin Physicians Service Insurance Co	orporation)				
Defendant					
SUMMONS IN A CIVIL ACTION					
To: (Defendant's name and address) Wisconsin F 1717 W. Bro Madison, W					
A lawsuit has been filed against you. Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of					
whose name and address are: Charles Cru Erin Dickins Hansen Rey 316 N. Milws					
If you fail to respond, judgment by of You also must file your answer or motion w	default will be entered against you for the relief demanded in the complaint. ith the court.				
Date:03/21/2014	S/Jennifer Titak				
	* Signature of Clerk or Deputy Clerk				

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Civil Action No. 14-cv-215

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

	This summons for (nar	ne of individual and title, if any)						
was re	ceived by me on (date)							
	☐ I personally served the summons on the individual at (place)							
			on (date)	; or				
	☐ I left the summons	at the individual's residence or u	usual place of abode with (name)					
		of suitable age and discretion who resid	des there,					
	on (date), and mailed a copy to the individual's last known address; or I served the summons on (name of individual)							
	designated by law to a	designated by law to accept service of process on behalf of (name of organization)						
			on (date)					
	☐ I returned the sumr	mons unexecuted because			; or			
	☐ Other (specify):							
	My fees are \$	for travel and \$	for services, for a total of \$	0.0	0 .			
	I declare under penalty of perjury that this information is true.							
Date:			Server's signature					
			, and the second					
			Printed name and title					
			Server's address					

Additional information regarding attempted service, etc:

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